| NOTIFICATION OF LABORATORY TEST RESULTS INDICATIVE OF HUMAN IMMUNODEFICIENTY VIRUS (HIV) TO LOCAL HEALTH DEPARTMENTS Updated: (2006-05) |  |                               | LABORATORY REPORT NUMBER (Accession Number)         |        |                     |          |             |  |
|---|--|-------------------------------|---|--------|---------------------|----------|-------------|--|
| FULL PATIENT NAME:  |  | Opuated: (2006-03)            | DATE SPECIMEN TESTED   M   M    LABORATORY FINDINGS | D D    | Y                   | Y        | Y           |  |
| DATE OF BIRTH   | GENDER                                       |                               | A. HIV ANTIBODY TEST AT<br>DIAGNOSIS                | POS    | NEG                 | IND      | NOT<br>DONE |  |
| M M D D Y Y Y   | □ <sup>(1)</sup> Male                        | □ <sup>(2)</sup> Female       | • HIV-1 EIA   | 1      | 0                   | -        | 9           |  |
| DATE SPECIMEN WAS COLLECTED   | □ <sup>(4)</sup> F-M                         | • HIV-1/HIV-2 combination EIA | 1   | 0      | -                   | 9        |             |  |
| M M D D Y Y Y   |  |                               | HIV-1 Western Blot/IFA                              | 1      | 0                   | 8        | 9           |  |
| PROVIDER NAME, ADDRESS, & PHONE   |  |                               | Other HIV antibody test                             | 1      | 0                   | 8        | 9           |  |
|   | Specify:                                     |                               |   |        |                     |          |             |  |
|   | B. POSITIVE HIV DETECTION TEST               |                               |   |        |                     |          |             |  |
|   | ☐ Culture ☐ Antigen ☐ PCR, DNA, or RNA probe |                               |   |        |                     |          |             |  |
|   | ☐ Other (specify):                           |                               |   |        |                     |          |             |  |
| LABORATORY NAME, ADDRESS, PHONE, & CLIA NUMBER  |  |                               | C. VIRAL LOAD , , ,                                 |        |                     |          |             |  |
|   |  |                               | ☐ Undetectable                                      | Unit   | □ сорі              | ies/mL   |             |  |
|   |  |                               | ☐ Detectable  |        | □ log(              | 10)copie | es/mL       |  |
|   |  |                               | Test type ☐ (11) NASBA (Org                         | ganon) | (12) RT-PCR (Roche) |          |             |  |
|   |  |                               | (Chira  | on)    | Other               |          |             |  |

| NOTIFICATION OF LABORA<br>RESULTS INDICATIVE OF<br>IMMUNODEFICIENTY VII<br>TO LOCAL HEALTH DEPA | LABORATORY REPORT NUMBER (Accession Number)  DATE SPECIMEN TESTED M M D D Y Y Y Y |                                      |         |                     |             |  |  |
|---|---|--------------------------------------|---------|---------------------|-------------|--|--|
| FULL PATIENT NAME:  | LABORATORY FINDINGS   |                                      |         |                     |             |  |  |
| DATE OF BIRTH   | GENDER  | A. HIV ANTIBODY TEST AT<br>DIAGNOSIS | POS N   | NEG IND             | NOT<br>DONE |  |  |
| M M D D Y Y Y   | □ <sup>(1)</sup> Male □ <sup>(2)</sup> Female                                     | • HIV-1 EIA                          | 1       | 0 -                 | 9           |  |  |
| DATE SPECIMEN WAS COLLECTED   | $\square^{(3)}$ M-F $\square^{(4)}$ F-M   | • HIV-1/HIV-2 combination EIA        | 1       | 0 -                 | 9           |  |  |
| M M D D Y Y Y   |   | HIV-1 Western Blot/IFA               | 1       | 0 8                 | 9           |  |  |
| PROVIDER NAME, ADDRESS, & PHONE   | Other HIV antibody test   | 1                                    | 0 8     | 9                   |             |  |  |
|   |   | Specify:                             |         |                     |             |  |  |
|   |   | B. POSITIVE HIV DETECTION TEST       |         |                     |             |  |  |
|   | ☐ Culture ☐ Antigen ☐ PCR, DNA, or RNA probe                                      |                                      |         |                     |             |  |  |
|   | ☐ Other (specify):  |                                      |         |                     |             |  |  |
| LABORATORY NAME, ADDRESS, PHONE, & CLIA   | C. VIRAL LOAD ,   |                                      | ,       |                     |             |  |  |
|   | ☐ Undetectable Unit ☐ copies/mL   |                                      |         |                     |             |  |  |
|   |   | ☐ Detectable ☐ log(10)copies/        |         |                     |             |  |  |
|   |   | Test type $\Box$ (11) NASBA (Orga    | anon) [ | (12) RT-PCR (Roche) |             |  |  |
|   |   | (13) bDNA (Chiro                     | n) [    | 1 (18) Other        |             |  |  |

# NOTIFICATION OF LABORATORY TEST RESULTS INDICATIVE OF HIV BY LABORATORIES

California Health & Safety Code 121022(a) requires laboratories to report all laboratory test results indicative of HIV infection to the local health department by name.

#### WHO SHOULD REPORT

- When transferring a biological specimen to another laboratory for testing, the laboratory that first receives the biological specimen from the health care provider shall report results indicative of HIV infection to the local health officer.
- When a California laboratory receives a report from an out-of-state laboratory that indicates evidence of a confirmed HIV test for a California patient, the California laboratory shall notify the local health officer in the same way as if the finding had been made by the California laboratory.
- When a California laboratory receives a biological specimen for testing from an out-of-state laboratory or health care provider, the California director of the laboratory shall ensure that the results indicative of HIV infection are reported to the state health department in the state where the biological specimen originated.

### WHAT NOT TO REPORT

 Laboratories shall not submit reports to the local health department for confirmed HIV tests for patients of an Alternative Testing Site or other anonymous HIV testing program, a blood bank, a plasma center, or for participants of a blinded and/or unlinked seroprevalence study.

For more information regarding reporting procedures and requirements, you may contact the California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry at (916) 449-5900. Information is also available on the Internet: <a href="http://www.dhs.ca.gov/aids/HIVReporting/Default.htm">http://www.dhs.ca.gov/aids/HIVReporting/Default.htm</a>.

California Department of Health Services
Office of AIDS
MS 7700
P. O Box 997426
1616 Capitol Avenue, Suite 74-616
Sacramento, California 95899-7426

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